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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Innovation Political Action Committee 228 S WASHINGTON ST STE 115 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.innovationpac.com (Check if address is changed) DATE 2019 C00540187 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 07 19 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|-------------------------|--|---|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| | ne of ididate | | |
| | didate ty Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Par | rty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi | nected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | • |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the committee supports and is NOT as separate segment of the committee supports. | aregated fund or party |
| (1) | × | committee. (i.e., nonconnected committee) | gregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FFC Farm 1 (Device of 03/2000) | Dana 2 |
|---|----------------------------------|
| FEC Form 1 (Revised 02/2009) Write or Type Committee Name | Page 3 |
| ** | |
| Innovation Political Action Committee | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| TEAM MCHENRY | |
| | |
| 228 S WASHINGTON ST STE 115 Mailing Address | |
| | |
| ALEXANDRIA VA | 22314 |
| CITY STATE | ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representation | tive Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the perbooks and records. | erson in possession of committee |
| Lisker, Lisa, , , | ı |
| Full Name228 S. Washington St., Ste. 115 | |
| Mailing Address | |
| | |
| Alexandria | 22314 |
| Title or Position CITY STATE | ZIP CODE |
| Treasurer 7 | 703 - 549 - 7705 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; any designated agent (e.g., assistant treasurer). | and the name and address of |
| Full Name Lisker, Lisa, , , | |
| of Treasurer | |
| Mailing Address 228 S. Washington St., Ste. 115 | |
| | |
| Alexandria | 22314 |
| CITY STATE Title or Position | ZIP CODE |
| - | 03 |

| FEC Form 1 (Rev | vised 0.272009) | Page 4 |
|---|---|-------------------------|
| | | |
| Full Name of Designated Agent Davis, | , Keith, , , | |
| Mailing Address | 228 S. Washington St., Ste. 115 | |
| | | |
| | Alexandria VA 22 CITY STATE | ZIP CODE |
| Title or Position Assistant Treasurer | Telephone number 703 | _ 549 7705 |
| Banks or Other Depositions safety deposit boxes or it | itories: List all banks or other depositories in which the committee deposits funds | , holds accounts, rents |
| Name of Bank, Deposito | ory, etc. | |
| | ory, etc. | |
| Name of Bank, Deposito | ory, etc. | |
| Name of Bank, Deposito | ory, etc. | |
| Name of Bank, Deposito | T 1909 K St., NW | 0006 |
| Name of Bank, Deposito | Pry, etc. RT 1909 K St., NW | 0006 ZIP CODE |
| Name of Bank, Deposito | T 1909 K St., NW Washington DC 20 CITY STATE | |
| Name of Bank, Deposito Mailing Address Name of Bank, Deposito | T 1909 K St., NW Washington DC 20 CITY STATE Ory, etc. | |
| Name of Bank, Deposito Mailing Address Name of Bank, Deposito | DC 20 CITY STATE | |
| Name of Bank, Deposito BB& Mailing Address Name of Bank, Deposito Cha | Tory, etc. Washington CITY STATE Ory, etc. 1445 A Laughlin Ave | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| h). Joint Fundraisi | ng Participant: | | |
|--|---|------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4 | | FEC ID number | C |
| | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Spon |
| Patrick McHenry | | | |
| | | | |
| Mailing Address | 7918 Norman Court | | |
| | | | |
| | DENVER | NC NC | 28037 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Committee Joint | Fundraising Representa | tive Leadership PAC S |
| esignated Agent: Identi | y by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | CITY A | | ZIP CODE A |
| Full Name | CITY A | STATE ▲ | ZIP CODE A |
| Full Name | CITY A | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marketers. | CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds. | STATE ▲ | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Wells | CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds. | STATE ▲ | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Wells | CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which aintains funds. | STATE ▲ | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo | STATE ▲ | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | CITY CITY Te pries: List all banks or other depositories in which aintains funds. Fargo | STATE ▲ | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| h). Joint Fundraisi | ig i di dolpant. | | |
|--|--|--------------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| = | Organization, Affiliated Committee, Joint Fun | draising Representative | e, or Leadership PAC Spon |
| | | | |
| Mailing Address | 228 S. WASHINGTON ST. | | |
| | STE. 115 | <u> </u> | <u> </u> |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | int Fundraising Representa | Leadership PAC Sp |
| | d Organization Affiliated Committee | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |